

February 6, 2004

Gary Mirzakhanov, P.E.
3735 Amelia Island st,
Colorado Springs, CO 80920
Ph: 719-266-1325
E-mail: mirtit@wmconnect.com
Application #: 10/642,565

To:
United States Patent and Trademark Office

Clarification

I had sent Patent Application form and documents on 08-11-03 (document # 5) and then I received a "Notice to File Missing Parts" letter from your office (documents # 1, 2 & 3). I had sent you, as you requested in this letter, the missing "Claim of Claims" (document # 4) on 11-19-03 and then received several confirmations that your office have received it. Confirmations are from: Post Office, Post Office website and your office (documents # 6, 7 & 8).

I called in December after the above confirmations and your representative again confirmed that your office received it.

After several month, on 02-06-04 I called again and your representative did not find any information about receiving the "Claim of Claims" from me.

I am very frustrated with this kind of discrepancies and decided to send you again the "Claim of Claims" and all other documents that support my statement.

I hope you will expedite the reviewing process for this application.

Sincerely,

Gary Mirzakhanov, P.E.



Date:	# Of Pages	QUICK FAX™ OfficeMax	
To: <i>Vallery Connor</i>	From: <i>GARY MIRZAKHANOV</i>		
Co./Dept.	Co./Dept.		
Fax: <i>703-308-7749</i>	Fax:		
Phone: <i>703-308-1202</i>	Phone: <i>719-266-1325</i>		
Note:	E-Mail:		



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/642,565	08/18/2003	3673	375		4	1	1

Gary Mirzakhanov
 3735 Amelia Island
 Colorado Springs, CO 80920

CONFIRMATION NO. 3422

FILING RECEIPT



OC000000011253398

Date Mailed: 11/13/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Gary Mirzakhanov, Colorado Springs, CO;

Domestic Priority data as claimed by applicant**Foreign Applications**

If Required, Foreign Filing License Granted: 11/12/2003

Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

**** SMALL ENTITY ****

Title

Underground irrigation systems for lawn

Preliminary Class

405

(1)

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related application(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).


UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/642,565	08/18/2003	Gary Mirzakhanov	

Gary Mirzakhanov
 3735 Amelia Island
 Colorado Springs, CO 80920

CONFIRMATION NO. 3422

FORMALITIES LETTER


OC000000011253399

Date Mailed: 11/13/2003

NOTICE TO FILE CORRECTED APPLICATION PAPERS
Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center
 Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY

4713 1993
0004 0500 0003 7003
4713 1993

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65
UNIT ID: 00000000000000000000	Postmark Here 6/20/04
CLERK: MARY BEN	02/06/2004 USPS
Sent To: MORE STOP MISSING PARTS COMMISIIONER FOR PATIENTS Street, Apt. No. or PO Box No.: P.O. Box 1450	
City, State, ZIP+4 ALEXANDRIA, VA 22313-1450	
PS Form 3800, June 2002	
See Reverse for Instructions	

← It is regarding new mail

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p style="text-align: center;">RECEIVED</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received <input checked="" type="checkbox"/> Mail Name: 2004 C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>MAIL STOP MISSING PARTS COMMISIIONER FOR PATIENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450</p>	
1. Article Addressed to:		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number: (Transfer from service label)		7003 0500 0004 4713 1993	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-N-1640	

← It is regarding new mail

— Registered No.— B3 5376660305		Date Stamp
To Be Completed By Post Office	Reg. Fee \$	8.85
	Handling \$ Charge	Return \$ Receipt
	Postage \$	Restricted \$ Delivery
	Received by <i>JmJ</i>	
Customer Must Declare Full Value \$ 500.00		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance
Domestic Insurance up to \$25,000.00 is included in the fee. International indemnity is limited. (See Reverse).		
To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed	FROM <i>GARY MIRAKHORI</i> <i>3735 Amelie Island</i> <i>Colorado 80651, CO 80651</i>	
	TO <i>Assistant Commissioner</i> <i>for patents</i> <i>Box Patent Application</i> <i>Washington DC 20231</i>	

(5)

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
(See Information on Reverse)
June 2002

For delivery information, visit our website at www.usps.com ®

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com ®		
OFFICIAL USE		
2003 2260 0001 8655 2119	Postage \$ 0.37	UNIT ID: 0618
	Certified Fee 2.30	
	Return Receipt Fee (Endorsement Required) 1.75	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees \$ 4.62	
Sent To <i>Patent office</i> Street, Apt. No., or PO Box No. City, State, ZIP		

(6)

PS Form 3800, June 2002 See Reverse for Instructions

Track & Confirm

7

Current Status

You entered 7003 2260 0001 8655 2119

Your item was delivered at 7:32 am on November 25, 2003 in ALEXANDRIA, VA 22313.

[Shipment Details >](#)

Track & Confirm

Enter label number:

[Go >](#)

Notification Options

Track & Confirm by email [What is this?](#) [Go >](#)

Track & Confirm FAQs

[Go >](#)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Address To:</p> <p><i>Mail Stop MISSING Birth Commissioner for Parents P.O. Box 1450 Alexandria VA 22313-1450</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p> <p>7003 2260 0001 8655 2119</p>			
<p>PS Form 361 August 2001</p>		<p>Domestic Return Receipt</p> <p>102685-02-M-1640</p>	

- Utility Patent Application Team
- Fee Transmittal
- Card Info
- Peel. for Util on per(2)
- Data Sheet
- Specification(s)
- Drawings(14)

15757 U.S. PRO
10/642565
08/19/03

4 (8)